

<b>United States Bankruptcy Court Northern District of Illinois</b>						<b>Voluntary Petition</b>											
Name of Debtor (if individual, enter Last, First, Middle): <b>Indoranto, Marian R</b>				Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Indoranto, Frank</b>													
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):													
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>1378</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>1025</b>													
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>1410 N 16th Ave Melrose Park, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): <b>1410 N 16th Ave Melrose Park, IL</b>													
ZIPCODE <b>60160-3326</b>				ZIPCODE <b>60160-3326</b>													
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business: <b>Cook</b>													
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):													
ZIPCODE				ZIPCODE <b>60161</b>													
Location of Principal Assets of Business Debtor (if different from street address above):						ZIPCODE											
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.													
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).													
<b>Statistical/Administrative Information</b> <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.						<b>THIS SPACE IS FOR COURT USE ONLY</b>											
Estimated Number of Creditors <table style="width:100%; border: none;"><tr><td><input type="checkbox"/> 1-49</td><td><input checked="" type="checkbox"/> 50-99</td><td><input type="checkbox"/> 100-199</td><td><input type="checkbox"/> 200-999</td><td><input type="checkbox"/> 1,000-5,000</td><td><input type="checkbox"/> 5,001-10,000</td><td><input type="checkbox"/> 10,001-25,000</td><td><input type="checkbox"/> 25,001-50,000</td><td><input type="checkbox"/> 50,001-100,000</td><td><input type="checkbox"/> Over 100,000</td></tr></table>								<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000
<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000			<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000						
Estimated Assets <table style="width:100%; border: none;"><tr><td><input checked="" type="checkbox"/> \$0 to \$50,000</td><td><input type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1 million to \$10 million</td><td><input type="checkbox"/> \$10 million to \$50 million</td><td><input type="checkbox"/> \$50 million to \$100 million</td><td><input type="checkbox"/> \$100 million to \$500 million</td><td><input type="checkbox"/> \$500,000 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>								<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000 to \$1 billion	<input type="checkbox"/> More than \$1 billion
<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000 to \$1 billion	<input type="checkbox"/> More than \$1 billion								
Estimated Liabilities <table style="width:100%; border: none;"><tr><td><input type="checkbox"/> \$0 to \$50,000</td><td><input checked="" type="checkbox"/> \$50,001 to \$100,000</td><td><input type="checkbox"/> \$100,001 to \$500,000</td><td><input type="checkbox"/> \$500,001 to \$1 million</td><td><input type="checkbox"/> \$1 million to \$10 million</td><td><input type="checkbox"/> \$10 million to \$50 million</td><td><input type="checkbox"/> \$50 million to \$100 million</td><td><input type="checkbox"/> \$100 million to \$500 million</td><td><input type="checkbox"/> \$500,000 to \$1 billion</td><td><input type="checkbox"/> More than \$1 billion</td></tr></table>						<input type="checkbox"/> \$0 to \$50,000	<input checked="" type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1 million to \$10 million	<input type="checkbox"/> \$10 million to \$50 million	<input type="checkbox"/> \$50 million to \$100 million	<input type="checkbox"/> \$100 million to \$500 million	<input type="checkbox"/> \$500,000 to \$1 billion	<input type="checkbox"/> More than \$1 billion		
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<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Indoranto, Marian R &amp; Indoranto, Frank</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <b>X /s/ Nicolette Robovsky</b> <b>11/10/08</b> Signature of Attorney for Debtor(s) Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord or lessor that obtained judgment)  _____ (Address of landlord or lessor)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition***(This page must be completed and filed in every case)*

Name of Debtor(s):

**Indoranto, Marian R & Indoranto, Frank****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Marian R Indoranto**

Signature of Debtor

**Marian R Indoranto****X /s/ Frank Indoranto**

Signature of Joint Debtor

**Frank Indoranto**

Telephone Number (If not represented by attorney)

**November 10, 2008**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\*****X /s/ Nicolette Robovsky**

Signature of Attorney for Debtor(s)

**Nicolette Robovsky 6278336**

Printed Name of Attorney for Debtor(s)

**Gleason & Gleason**

Firm Name

**77 W Washington, Ste 1218**

Address

**Chicago, IL 60602****(312) 578-9530**

Telephone Number

**November 10, 2008**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Indoranto, Marian R & Indoranto, Frank**

Printed Name(s) of Debtor(s)

**X /s/ Marian R Indoranto**

Signature of Debtor

**11/10/2008**

Date

Case No. (if known) \_\_\_\_\_

**X /s/ Frank Indoranto**

Signature of Joint Debtor (if any)

**11/10/2008**

Date

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand	W	20.00
		Cash on hand	H	20.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account with TCF Bank	J	300.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.	W	1,250.00
		Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.	H	900.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Misc books, music, pictures	H	50.00
		Misc books, music, pictures	W	50.00
6. Wearing apparel.		Clothing		250.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life thru work - no cash value	J	0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401K	W	5,000.00
		Retirement	H	200.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1989 Timberwolf Trailer</b>	<b>J</b>	<b>2,500.00</b>
		<b>2002 Ford Escort</b>	<b>J</b>	<b>5,000.00</b>
		<b>(Wife is joint with her daughter)</b>		
		<b>2003 GMC Sierra 2500HS</b>	<b>J</b>	<b>12,000.00</b>
		<b>2008 Ford Taurus</b>	<b>W</b>	<b>18,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			



IN RE Indoranto, Marian R & Indoranto, Frank

Debtor(s)

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>45,540.00</b>

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:  
 (Check one box)

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b>SCHEDULE B - PERSONAL PROPERTY</b>			
Cash on hand	735 ILCS 5 §12-1001(b)	20.00	20.00
Cash on hand	735 ILCS 5 §12-1001(b)	20.00	20.00
Checking account with TCF Bank	735 ILCS 5 §12-1001(b)	300.00	300.00
Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.	735 ILCS 5 §12-1001(b)	1,250.00	1,250.00
Household goods, including but not limited to: TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances.	735 ILCS 5 §12-1001(b)	900.00	900.00
Misc books, music, pictures	735 ILCS 5 §12-1001(a)	50.00	50.00
Misc books, music, pictures	735 ILCS 5 §12-1001(a)	50.00	50.00
Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
401K	735 ILCS 5 §12-1006(a)	5,000.00	5,000.00
Retirement	735 ILCS 5 §12-1006(a)	200.00	200.00
1989 Timberwolf Trailer	735 ILCS 5 §12-1001(b)	500.00	2,500.00
2002 Ford Escort (Wife is joint with her daughter)	735 ILCS 5 §12-1001(b)	5,000.00	5,000.00
2003 GMC Sierra 2500HS	735 ILCS 5 §12-1001(c)	2,400.00	12,000.00
2008 Ford Taurus	735 ILCS 5 §12-1001(c)	2,400.00	18,000.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 4060908002666979 <b>American General Finan</b> <b>321 E Saint Charles Rd</b> <b>Villa Park, IL 60181-2461</b>	W	Installment account opened 4/06. Secured by 1989 Timberwolfe Trailer.				2,326.00	
		VALUE \$ 2,500.00					
ACCOUNT NO. 43434732 <b>Frd Motor Cr</b> <b>PO Box 537901</b> <b>Livonia, MI 48153-7901</b>	H	Installment account opened 1/08. PMSI in 2008 Ford Taurus.				28,477.00	10,477.00
		VALUE \$ 18,000.00					
ACCOUNT NO. 50006100017413 <b>Hsbc / Aib</b> <b>6602 Convoy Ct</b> <b>San Diego, CA 92111-1009</b>	H	Installment account opened 12/05. PMSI in 2003 GMC Sierra 2500HD				16,358.00	4,358.00
		VALUE \$ 12,000.00					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 47,161.00	\$ 14,835.00
Total (Use only on last page)						\$ 47,161.00	\$ 14,835.00

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>X0267760</b> <b>Aganad Medical Group</b> <b>C/O Thomas E Jolas PC</b> <b>202 First St, NW</b> <b>Mason City, IA 50401</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>114.00</b>
ACCOUNT NO. <b>5458-0022-0330-6503</b> <b>American Dreamcard</b> <b>Po Box 17313</b> <b>Baltimore, MD 21297-1313</b>	<b>W</b>	<b>Revolving credit card charges incurred over the past several years.</b>				<b>5,708.00</b>
ACCOUNT NO. <b>40198</b> <b>Associates In Digestive Health</b> <b>1200 S York Rd, Ste 3250</b> <b>Elmhurst, IL 60126</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>203.00</b>
ACCOUNT NO. <b>288963024</b> <b>At&amp;T</b> <b>Po Box 8100</b> <b>Aurora, IL 60507</b>	<b>J</b>	<b>Utility or Cellular Service</b>				<b>668.00</b>
<div> <div>16 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> </div>						\$ <b>6,693.00</b>
<div> <div>(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</div> <div>Total</div> </div>						\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Er Solutions</b> <b>Po Box 6030</b> <b>Hauppauge, NY 11788-0154</b>		<b>Assignee or other notification for:</b> <b>At&amp;T</b>				
ACCOUNT NO. <b>Nco Financial Systems</b> <b>Dept 22</b> <b>PO Box 4909</b> <b>Trenton, NJ 08650</b>		<b>Assignee or other notification for:</b> <b>At&amp;T</b>				
ACCOUNT NO. <b>5140218007</b> <b>Barclays Bank Delaware</b> <b>Juniper</b> <b>PO Box 8833</b> <b>Wilmington, DE 19899-8833</b>	<b>H</b>	<b>Revolving account opened 3/07</b>				<b>2,652.00</b>
ACCOUNT NO. <b>41170406533770</b> <b>Beneficial/hfc</b> <b>961 Weigel Ave</b> <b>Elmhurst, IL 60126-1058</b>	<b>W</b>	<b>Revolving account opened 12/05</b>				<b>9,595.00</b>
ACCOUNT NO. <b>01274290198</b> <b>Blockbuster - 17208</b> <b>1517 W North Ave</b> <b>Melrose Park, IL 60160-2003</b>	<b>J</b>	<b>Collections</b>				<b>22.00</b>
ACCOUNT NO. <b>Credit Protection Assoc</b> <b>13355 Noel Rd</b> <b>Dallas, TX 75240</b>		<b>Assignee or other notification for:</b> <b>Blockbuster - 17208</b>				
ACCOUNT NO. <b>529149203955</b> <b>Capital One</b> <b>Po Box 85015</b> <b>Richmond, VA 23285</b>	<b>H</b>	<b>Revolving account opened 9/01</b>				<b>6,421.00</b>

Sheet no. 1 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **18,690.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Allied Interstate</b> <b>3000 Corporate Exchange Dr, 5th Flr</b> <b>Columbus, OH 43231</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>TSYS Debt Management</b> <b>PO Box 5155</b> <b>Norcross, GA 30091</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>486236237282</b> <b>Capital One</b> <b>Po Box 85015</b> <b>Richmond, VA 23285</b>	<b>W</b>	<b>Revolving account opened 10/03</b>				<b>1,171.00</b>
ACCOUNT NO. <b>Account Solutions Group</b> <b>6341 Inducon Dr East</b> <b>Sanborn, NY 14132-9097</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>Blatt Hasenmiller Leibsker Moore</b> <b>125 S Wacker Dr Ste 400</b> <b>Chicago, IL 60606-4424</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>Mrs Associates</b> <b>3 Executive Campus, Ste 400</b> <b>Cherry Hill, NJ 08002</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				
ACCOUNT NO. <b>TSYS Debt Management</b> <b>PO Box 5155</b> <b>Norcross, GA 30091</b>		<b>Assignee or other notification for:</b> <b>Capital One</b>				

Sheet no. 2 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,171.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>115324961</b> <b>Carson Pirie Scott</b> <b>PO Box 17264</b> <b>Baltimore, MD 21297-1264</b>	<b>H</b>	<b>Revolving account opened 9/94</b>				<b>1,152.00</b>
ACCOUNT NO. <b>422765102533</b> <b>Chase- Bp</b> <b>PO Box 100018</b> <b>Kennesaw, GA 30156-9204</b>	<b>W</b>	<b>Revolving account opened 2/00</b>				<b>1,148.00</b>
ACCOUNT NO. <b>422765101989</b> <b>Chase- Bp</b> <b>PO Box 100018</b> <b>Kennesaw, GA 30156-9204</b>	<b>H</b>	<b>Revolving account opened 5/00</b>				<b>787.00</b>
ACCOUNT NO. <b>410414001466</b> <b>Chase/cc</b> <b>PO Box 15298</b> <b>Wilmington, DE 19850-5298</b>	<b>H</b>	<b>Revolving account opened 11/05</b>				<b>6,099.00</b>
ACCOUNT NO. <b>Cingular Wireless</b> <b>2612 North Roan St</b> <b>Johnson City, TN 37601</b>	<b>J</b>	<b>Utility or Cellular Service</b>				<b>150.00</b>
ACCOUNT NO. <b>8403</b> <b>Clinical Cardiology Consultants</b> <b>675 W North Ave, Ste 216</b> <b>Melrose Park, IL 60160</b>	<b>W</b>	<b>Open account opened 12/07</b>				<b>49.00</b>
ACCOUNT NO. <b>I C System Inc</b> <b>PO Box 64378</b> <b>Saint Paul, MN 55164-0378</b>		<b>Assignee or other notification for:</b> <b>Clinical Cardiology Consultants</b>				

Sheet no. **3** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **9,385.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$



IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0833099004</b> <b>Com Ed</b> <b>Revenue Management</b> <b>2100 Swift Dr</b> <b>Oak Brook, IL 60523</b>	<b>W</b>	<b>Utility or Cellular Service</b>				<b>1,010.00</b>
ACCOUNT NO. <b>Nco Fin/99</b> <b>507 Prudential Rd</b> <b>Horsham, PA 19044-2308</b>		<b>Assignee or other notification for:</b> <b>Com Ed</b>				
ACCOUNT NO. <b>Reed Smith</b> <b>10 S Wacker Dr</b> <b>Chicago, IL 60606-7507</b>		<b>Assignee or other notification for:</b> <b>Com Ed</b>				
ACCOUNT NO. <b>01460721502</b> <b>Comcast</b> <b>Attn: Bankruptcy</b> <b>1500 Market St</b> <b>Philadelphia, PA 19102-2100</b>	<b>J</b>	<b>Utility or Cellular Service</b>				<b>185.00</b>
ACCOUNT NO. <b>Credit Protection Assoc</b> <b>13355 Noel Rd</b> <b>Dallas, TX 75240</b>		<b>Assignee or other notification for:</b> <b>Comcast</b>				
ACCOUNT NO. <b>sha61658</b> <b>Consultants In Cardiovascular Medicine</b> <b>675 W North Ave, #210</b> <b>Melrose Park, IL 60160</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>8.00</b>
ACCOUNT NO. <b>202505228</b> <b>Cook County Hospital</b> <b>Annex Building</b> <b>1110 S Oakley</b> <b>Chicago, IL 60612</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>75.00</b>

Sheet no. 4 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,278.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>0351258774</b> <b>Direct TV</b> <b>P.O. Box 6550</b> <b>Greenwood Village, CO 80155-6550</b>	<b>J</b>	<b>Utility or Cellular Service</b>				<b>189.00</b>
ACCOUNT NO. <b>Cbcs</b> <b>PO Box 69</b> <b>Columbus, OH 43216</b>		<b>Assignee or other notification for:</b> <b>Direct TV</b>				
ACCOUNT NO. <b>Focus Receivables Management</b> <b>8306 Laurel Fair Circle, Ste 200</b> <b>Tampa, FL 33610</b>		<b>Assignee or other notification for:</b> <b>Direct TV</b>				
ACCOUNT NO. <b>4378608358420</b> <b>Dsnb Macys</b> <b>6356 Corley Rd</b> <b>Norcross, GA 30071-1704</b>	<b>H</b>	<b>Revolving account opened 12/95</b>				<b>475.00</b>
ACCOUNT NO. <b>v17430769</b> <b>Evergreen Emergency Servcies</b> <b>Po Box 428080</b> <b>Evergreen Park, IL 60805</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>588.00</b>
ACCOUNT NO. <b>MCS Collections, Inc</b> <b>725 S Wells St, Ste 501</b> <b>Chicago, IL 60607</b>		<b>Assignee or other notification for:</b> <b>Evergreen Emergency Servcies</b>				
ACCOUNT NO. <b>293803</b> <b>Evergreen Park Fire Dept</b> <b>Po Box 438495</b> <b>Chicago, IL 60643</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>470.00</b>

Sheet no. **5** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,722.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6004668012191836</b> <b>Fashion Bug/soanb</b> <b>6356 Corley Rd</b> <b>Norcross, GA 30071-1704</b>	<b>H</b>	<b>Revolving account opened 12/98</b>				<b>792.00</b>
ACCOUNT NO. <b>Fashion Bug</b> <b>Po Box 84073</b> <b>Colubus, GA 31908-4073</b>		<b>Assignee or other notification for:</b> <b>Fashion Bug/soanb</b>				
ACCOUNT NO. <b>604408601497</b> <b>Gemb/home Shopping</b> <b>PO Box 981400</b> <b>El Paso, TX 79998-1400</b>	<b>H</b>	<b>Revolving account opened 8/07</b>				<b>245.00</b>
ACCOUNT NO. <b>771436037780</b> <b>Gemb/sams Club</b> <b>PO Box 103104</b> <b>Roswell, GA 30076-9104</b>	<b>H</b>	<b>Revolving account opened 9/06</b>				<b>1,774.00</b>
ACCOUNT NO. <b>Global Vantage</b> <b>Po Box 12237</b> <b>Hauppauge, NY 11788-0867</b>		<b>Assignee or other notification for:</b> <b>Gemb/sams Club</b>				
ACCOUNT NO. <b>Northland Group, Inc</b> <b>Po Box 390905</b> <b>Edina, MN 55439</b>		<b>Assignee or other notification for:</b> <b>Gemb/sams Club</b>				
ACCOUNT NO. <b>g28646487</b> <b>Gottlieb Memorial Hospital</b> <b>701 W North Ave</b> <b>Melrose Park, IL 60160</b>	<b>J</b>	<b>Medical or Dental Bills</b>				<b>6,297.00</b>

Sheet no. 6 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **9,108.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Cbcs</b> <b>PO Box 163250</b> <b>Columbus, OH 43216-3250</b>		<b>Assignee or other notification for:</b> <b>Gottlieb Memorial Hospital</b>				
ACCOUNT NO. <b>Feingold &amp; Levy</b> <b>10 S LaSalle St, Ste 900</b> <b>Chicago, IL 60603</b>		<b>Assignee or other notification for:</b> <b>Gottlieb Memorial Hospital</b>				
ACCOUNT NO. <b>Weltman, Weinberg &amp; Reis</b> <b>10 S LaSale St, Ste 900</b> <b>Chicago, IL 60603</b>		<b>Assignee or other notification for:</b> <b>Gottlieb Memorial Hospital</b>				
ACCOUNT NO. <b>545800220330</b> <b>Hsbc Bank</b> <b>PO Box 5246</b> <b>Carol Stream, IL 60197-5246</b>	<b>H</b>	<b>Revolving account opened 8/05</b>				<b>5,659.00</b>
ACCOUNT NO. <b>5408-0100-3363-4862</b> <b>Hsbc Bank</b> <b>PO Box 5253</b> <b>Carol Stream, IL 60197-5253</b>	<b>W</b>	<b>Revolving account opened 8/05</b>				<b>1,534.00</b>
ACCOUNT NO. <b>Phillips &amp; Cohen</b> <b>Po Box 48458</b> <b>Oak Park, MI 48237</b>		<b>Assignee or other notification for:</b> <b>Hsbc Bank</b>				
ACCOUNT NO. <b>515593000748</b> <b>Hsbc Bank</b> <b>Orchard Bank</b> <b>PO Box 5213</b> <b>Carol Stream, IL 60197-5213</b>	<b>H</b>	<b>Revolving account opened 8/07</b>				<b>946.00</b>

Sheet no. 7 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **8,139.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>700109900175</b> <b>Hsbc/bsbuy</b> <b>1405 Foulk Rd</b> <b>Wilmington, DE 19803-2727</b>	<b>H</b>	<b>Revolving account opened 8/96</b>				<b>3,971.00</b>
ACCOUNT NO. <b>189255</b> <b>Illinois Department Of Human Services</b> <b>401 South Clinton Street</b> <b>Chicago, IL 60607</b>	<b>J</b>	<b>Overpayment of benefits</b>				<b>304.00</b>
ACCOUNT NO. <b>Linebarger, Goggan, Blair, &amp; Sampson LLP</b> <b>Attorneys At Law</b> <b>PO Box 06152</b> <b>Chicago, IL 60606-0152</b>		<b>Assignee or other notification for:</b> <b>Illinois Department Of Human Services</b>				
ACCOUNT NO. <b>2238</b> <b>Janet Aganad, DO</b> <b>675 W North Ave, Ste401</b> <b>Melrose Park, IL 60160</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>5.00</b>
ACCOUNT NO. <b>Janice Meekus</b> <b>1829 N 19th Ave,</b> <b>Melrose Park, IL 60160</b>	<b>J</b>	<b>personal loan</b>				<b>4,000.00</b>
ACCOUNT NO. <b>215038969</b> <b>JH Stroeger Hospital Of Cook County</b> <b>1900 W Polk St Ste G-16</b> <b>Chicago, IL 60612-3723</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>796.00</b>
ACCOUNT NO. <b>21679</b> <b>Kds Internal Medicine Associates</b> <b>675 W North Ave</b> <b>Melrose Park, IL 60160</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>158.00</b>

Sheet no. **8** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **9,234.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 24755  Kiley Philip 9651 W Irving Park Rd Schiller Park, IL 60176	J	Medical or Dental Bill				60.00
ACCOUNT NO. 21675  KSD International Medicine Associates 675 W North Ave Melrose Park, IL 60160	J	Medical or Dental Bill				158.00
ACCOUNT NO. v00017430769  Little Company Of Mary Hospital 2800 W 95th St Evergreen Park, IL 60805	H	Medical or Dental Bill				1,615.00
ACCOUNT NO. 3768  Loyola University Medical Center 2160 S 1st Ave Maywood, IL 60153	W	Open account opened 2/08				177.00
ACCOUNT NO.  Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Loyola University Medical Center				
ACCOUNT NO. 2642  Loyola University Medical Center 2160 S 1st Ave Maywood, IL 60153	W	Open account opened 12/07				145.00
ACCOUNT NO.  Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771		Assignee or other notification for: Loyola University Medical Center				

Sheet no. 9 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,155.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>1054031</b> <b>Loyola University Medical Center</b> <b>2160 S 1st Ave</b> <b>Maywood, IL 60153</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>578.00</b>
ACCOUNT NO. <b>1897123, 7213, 7215, 7214</b> <b>Loyola University Physician Foundation</b> <b>Two Westbrook Corporate Center, Ste 600</b> <b>Westchester, IL 60154</b>	<b>W</b>	<b>Collections for Medical or Dental Bills. Open account opened 1/08</b>				<b>510.00</b>
ACCOUNT NO. <b>Illinois Collection Se</b> <b>8231 185th St Ste 100</b> <b>Tinley Park, IL 60477-9220</b>		<b>Assignee or other notification for: Loyola University Physician Foundation</b>				
ACCOUNT NO. <b>Mannheim Veterinary Hospital</b> <b>2740 N Mannheim Rd</b> <b>Franklin Park, IL 60131</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>125.00</b>
ACCOUNT NO. <b>861120007768</b> <b>Midwest Clinical Imaging</b> <b>Po Box 1248</b> <b>Americus, GA 31709</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>15.00</b>
ACCOUNT NO. <b>8949</b> <b>Midwest Open Mri Sc Omr</b> <b>1225 W Lake St</b> <b>Melrose Park, IL 60160</b>	<b>W</b>	<b>Unknown account opened 8/05</b>				<b>328.00</b>
ACCOUNT NO. <b>Medical Collections Sy</b> <b>725 S Wells St Ste 700</b> <b>Chicago, IL 60607-4578</b>		<b>Assignee or other notification for: Midwest Open Mri Sc Omr</b>				

Sheet no. **10** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,556.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Robert P Mistovich</b> <b>725 S Wells St, Ste 510</b> <b>Chicago, IL 60607</b>		<b>Assignee or other notification for:</b> <b>Midwest Open Mri Sc Omr</b>				
ACCOUNT NO. <b>6058</b> <b>Midwest Open Mri/lasar Ctr</b> <b>1225 W Lake St</b> <b>Melrose Park, IL 60160</b>	<b>H</b>	<b>Open account opened 11/07</b>				<b>300.00</b>
ACCOUNT NO. <b>American Collections</b> <b>PO Box 60201</b> <b>Chicago, IL 60660-0201</b>		<b>Assignee or other notification for:</b> <b>Midwest Open Mri/lasar Ctr</b>				
ACCOUNT NO. <b>26385</b> <b>Midwest Urology Associates</b> <b>675 W North Ave, Ste 605</b> <b>Melrose Park, IL 60160</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>55.00</b>
ACCOUNT NO. <b>bg1893</b> <b>Mimit, Pc</b> <b>Department 4419</b> <b>Carol Stream, IL 60122-0001</b>	<b>W</b>	<b>Collections for Medical or Dental Bills. Open</b> <b>account opened 1/06</b>				<b>155.00</b>
ACCOUNT NO. <b>Lou Harris Company</b> <b>613 Academy Dr</b> <b>Northbrook, IL 60062-2420</b>		<b>Assignee or other notification for:</b> <b>Mimit, Pc</b>				
ACCOUNT NO. <b>067433D</b> <b>Northern Ill Emerg &amp; Occup Med Spec</b> <b>9410 Compubill Dr</b> <b>Orland Park, IL 60462</b>	<b>W</b>	<b>Open account opened 4/08</b>				<b>405.00</b>

Sheet no. 11 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **915.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$



IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Kca Financial Svcs PO Box 53 Geneva, IL 60134-0053</b>		<b>Assignee or other notification for: Northern III Emerg &amp; Occup Med Spec</b>				
ACCOUNT NO. <b>0926</b> <b>Northern III Emerg &amp; Occup Med Spec 9410 Compubill Dr Orland Park, IL 60462</b>	<b>W</b>	<b>Open account opened 11/07</b>				<b>122.00</b>
ACCOUNT NO. <b>Kca Financial Svcs PO Box 53 Geneva, IL 60134-0053</b>		<b>Assignee or other notification for: Northern III Emerg &amp; Occup Med Spec</b>				
ACCOUNT NO. <b>7564</b> <b>Northern III Emerg &amp; Occup Med Spec 9410 Compubill Dr Orland Park, IL 60462</b>	<b>W</b>	<b>Open account opened 6/07</b>				<b>64.00</b>
ACCOUNT NO. <b>Kca Financial Svcs PO Box 53 Geneva, IL 60134-0053</b>		<b>Assignee or other notification for: Northern III Emerg &amp; Occup Med Spec</b>				
ACCOUNT NO. <b>3586</b> <b>Northern III Emerg &amp; Occup Med Spec 9410 Compubill Dr Orland Park, IL 60462</b>	<b>W</b>	<b>Open account opened 8/06</b>				<b>62.00</b>
ACCOUNT NO. <b>Kca Financial Svcs PO Box 53 Geneva, IL 60134-0053</b>		<b>Assignee or other notification for: Northern III Emerg &amp; Occup Med Spec</b>				

Sheet no. **12** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **248.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3773102490</b> <b>Quest Diagnostics</b> <b>Po Box 64804</b> <b>Baltimore, MD 21264-4804</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>30.00</b>
ACCOUNT NO. <b>107217</b> <b>Radiology Imaging Specialists</b> <b>Po Box 70</b> <b>Hinsdale, IL 60522</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>39.00</b>
ACCOUNT NO. <b>0002501rjm</b> <b>Rjm Pathology Consultants</b> <b>34520 Eagle Way</b> <b>Chicago, IL 60678-1340</b>	<b>J</b>	<b>Medical or Dental Bills</b>				<b>145.00</b>
ACCOUNT NO. <b>1679</b> <b>Rodney Schainis Md Llc</b> <b>675 W North Ave # 409</b> <b>Melrose Park, IL 60160</b>	<b>W</b>	<b>Open account opened 2/07</b>				<b>221.00</b>
ACCOUNT NO. <b>Certified Services Inc</b> <b>PO Box 177</b> <b>Waukegan, IL 60079-0177</b>		<b>Assignee or other notification for:</b> <b>Rodney Schainis Md Llc</b>				
ACCOUNT NO. <b>13419424</b> <b>Rush University Medical Center</b> <b>75 Remittance Dr, Dept 1611</b> <b>Chicago, IL 60675-1611</b>	<b>J</b>	<b>Medical or Dental Bills</b>				<b>111.00</b>
ACCOUNT NO. <b>Computer Credit, Inc</b> <b>Po Box 5238</b> <b>Winston-Salem, NC 27113-5238</b>		<b>Assignee or other notification for:</b> <b>Rush University Medical Center</b>				

Sheet no. **13** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$**546.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Nationwide Credit &amp; Collection</b> <b>9919 W Roosevelt Rd</b> <b>Westchester, IL 60154-2774</b>		<b>Assignee or other notification for:</b> <b>Rush University Medical Center</b>				
ACCOUNT NO. <b>9082</b> <b>Sam's Club/ GE</b> <b>Po Box 103104</b> <b>Roswell, GA 30076</b>	<b>W</b>	<b>Open account opened 8/07</b>				<b>874.00</b>
ACCOUNT NO. <b>Lvnv Funding Llc</b> <b>PO Box 10587</b> <b>Greenville, SC 29603-0587</b>		<b>Assignee or other notification for:</b> <b>Sam's Club/ GE</b>				
ACCOUNT NO. <b>Schiller Park Medical Clinic</b> <b>9651 W Irving Park Rd</b> <b>Schiller Park, IL 60176</b>	<b>J</b>	<b>Medical or Dental Bills</b>				<b>102.00</b>
ACCOUNT NO. <b>4052</b> <b>Special Care Orthopaedics</b> <b>675 W North Ave, Ste 607</b> <b>Melrose Park, IL 60160</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>36.00</b>
ACCOUNT NO. <b>42108</b> <b>Surgical Referral Service</b> <b>1515 Busch Parkway</b> <b>Buffalo Grove, IL 60089</b>	<b>W</b>	<b>Open account opened 12/07</b>				<b>559.00</b>
ACCOUNT NO. <b>Lou Harris Company</b> <b>For Surgical Referral Service</b> <b>613 Academy Dr</b> <b>Northbrook, IL 60062-2420</b>		<b>Assignee or other notification for:</b> <b>Surgical Referral Service</b>				

Sheet no. **14** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,571.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>4352-3717-0977-9897</b> <b>Target Nb</b> <b>PO Box 673</b> <b>Minneapolis, MN 55440-0673</b>	<b>H</b>	<b>Revolving account opened 10/00. pending lawsuit</b> <b>08M1116869</b>				<b>7,973.00</b>
ACCOUNT NO. <b>Meyer &amp; Njus</b> <b>134 N LaSalle, Ste 1840</b> <b>Chicago, IL 60602</b>		<b>Assignee or other notification for:</b> <b>Target Nb</b>				
ACCOUNT NO. <b>8037</b> <b>TCF Bank</b> <b>800 Burr Ridge Pkwy</b> <b>Burr Ridge, IL 60527</b>	<b>J</b>	<b>bank fees</b>				<b>333.00</b>
ACCOUNT NO. <b>Chex Systems</b> <b>7805 Hudson Rd, Ste 100</b> <b>Saint Paul, MN 55125-1595</b>		<b>Assignee or other notification for:</b> <b>TCF Bank</b>				
ACCOUNT NO. <b>Telecheck</b> <b>5251 Westheimer Rd</b> <b>Houston, TX 77056-5412</b>		<b>Assignee or other notification for:</b> <b>TCF Bank</b>				
ACCOUNT NO. <b>257611444</b> <b>Tnb - Target</b> <b>PO Box 9475</b> <b>Minneapolis, MN 55440-9475</b>	<b>W</b>	<b>Revolving account opened 4/02</b>				<b>718.00</b>
ACCOUNT NO. <b>Us Cellular</b> <b>PO Box 0203</b> <b>Palatine, IL 60055-0203</b>	<b>J</b>	<b>Utility or Cellular Service</b>				<b>190.00</b>

Sheet no. **15** of **16** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **9,214.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Indoranto, Marian R &amp; Indoranto, Frank

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Victoria Samarco</b> <b>River Grove, IL</b>	<b>J</b>	<b>personal loan</b>				<b>12,000.00</b>
ACCOUNT NO. <b>8495</b> <b>Vyridian Revenue Management</b>	<b>W</b>	<b>Open account opened 11/05</b>				<b>16.00</b>
ACCOUNT NO. <b>M3 Financial Services</b> <b>For Vyridian Revenue Mgmt</b> <b>1127 S Mannheim Rd Ste 1</b> <b>Westchester, IL 60154-2570</b>		<b>Assignee or other notification for:</b> <b>Vyridian Revenue Management</b>				
ACCOUNT NO. <b>20180000229812</b> <b>Westlake Emergency Physicians</b> <b>520 E 22nd St</b> <b>Lombard, IL 60148</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>798.00</b>
ACCOUNT NO. <b>w11980414</b> <b>Westlake Hospital</b> <b>1225 W Lake St</b> <b>Melrose Park, IL 60160</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>1,112.00</b>
ACCOUNT NO. <b>4455</b> <b>Westlake Medical Associates</b> <b>Po Box 616</b> <b>Forest Park, IL 60130</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>20.00</b>
ACCOUNT NO. <b>842148553</b> <b>Wholesale Collector Associataion</b> <b>Po Box 48146</b> <b>Niles, IL 60714</b>	<b>J</b>	<b>Medical or Dental Bill</b>				<b>229.00</b>

Sheet no. 16 of 16 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **14,175.00**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$ **95,800.00**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status <b>Married</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer How long employed Address of Employer	<b>Billing Specialist</b> <b>Eye Specialists Of Illinois</b> <b>4 years and 8 months</b> <b>Park Ridge</b> <b>IL,</b>	<b>Not Working</b> <b>1 years and 1 months</b>

<b>INCOME:</b> (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ <b>3,300.25</b>	\$
2. Estimated monthly overtime	\$	\$
<b>3. SUBTOTAL</b>	<b>\$ 3,300.25</b>	<b>\$ 0.00</b>
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ <b>735.26</b>	\$
b. Insurance	\$ <b>131.98</b>	\$
c. Union dues	\$	\$
d. Other (specify)	\$	\$
<b>5. SUBTOTAL OF PAYROLL DEDUCTIONS</b>	<b>\$ 867.24</b>	<b>\$ 0.00</b>
<b>6. TOTAL NET MONTHLY TAKE HOME PAY</b>	<b>\$ 2,433.01</b>	<b>\$ 0.00</b>
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance (Specify)	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income (Specify) <b>Contributions From Family</b>	\$	\$ <b>1,000.00</b>
<b>14. SUBTOTAL OF LINES 7 THROUGH 13</b>	<b>\$ 1,000.00</b>	<b>\$ 1,000.00</b>
<b>15. AVERAGE MONTHLY INCOME</b> (Add amounts shown on lines 6 and 14)	<b>\$ 2,433.01</b>	<b>\$ 1,000.00</b>
<b>16. COMBINED AVERAGE MONTHLY INCOME:</b> (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	<b>\$ 3,433.01</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:  
**None**

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☒ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	750.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>		
2. Utilities:		
a. Electricity and heating fuel	\$	60.00
b. Water and sewer	\$	
c. Telephone	\$	50.00
d. Other <b>Cell Phone</b>	\$	50.00
<b>Cable And Internet</b>	\$	80.00
3. Home maintenance (repairs and upkeep)	\$	
4. Food	\$	300.00
5. Clothing	\$	50.00
6. Laundry and dry cleaning	\$	15.00
7. Medical and dental expenses	\$	25.00
8. Transportation (not including car payments)	\$	125.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	
10. Charitable contributions	\$	
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner’s or renter’s	\$	
b. Life	\$	
c. Health	\$	
d. Auto	\$	90.00
e. Other	\$	
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify)	\$	
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	500.00
b. Other	\$	
14. Alimony, maintenance, and support paid to others	\$	
15. Payments for support of additional dependents not living at your home	\$	
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	
17. Other	\$	

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$2,095.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
**None**

20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	2,433.01
b. Average monthly expenses from Line 18 above	\$	2,095.00
c. Monthly net income (a. minus b.)	\$	338.01

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

	SPOUSE
1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 200.00
a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 100.00
b. Water and sewer	\$
c. Telephone	\$
d. Other Cell Phone	\$ 120.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 250.00
5. Clothing	\$ 35.00
6. Laundry and dry cleaning	\$ 10.00
7. Medical and dental expenses	\$ 300.00
8. Transportation (not including car payments)	\$ 50.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 85.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 655.00
b. Other Trailer Payment	\$ 130.00
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other	\$
	\$
	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 1,935.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 1,000.00
b. Average monthly expenses from Line 18 above	\$ 1,935.00
c. Monthly net income (a. minus b.)	\$ -935.00



DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 31 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **November 10, 2008**Signature: **/s/ Marian R Indoranto**  
**Marian R Indoranto**Debtor

Date: **November 10, 2008**Signature: **/s/ Frank Indoranto**  
**Frank Indoranto**(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition PreparerSocial Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition PreparerDate

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Indoranto, Marian R & Indoranto, Frank

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### DEFINITIONS

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

#### 1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
33,000.00	2006 Income from employment (wife)
34,972.00	2007 Income from employment (wife)
3,300.00	2008 Income from employment (monthly) (wife)
25,000.00	2006 Income from employment (husband)
18,824.00	2007 Income from employment (husband)

Husband has not worked since Sept 2007

#### 2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☐ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
<b>Ford Motor Credit</b> <b>12110 Emmet</b> <b>Omaha, NE 68164</b>	<b>Last 3 months</b>	<b>1,500.00</b>	<b>28,477.00</b>
<b>Hsbc Auto</b> <b>6602 Convoy Ct</b> <b>San Diego, CA 92111-1009</b>	<b>Last 3 months</b>	<b>1,965.00</b>	<b>16,358.00</b>

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Target National Bank vs Frank Indoranto; 08M1116839</b>	<b>Collections</b>	<b>Cook County Circuit Court</b>	<b>pending</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 8. Losses

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Gleason &amp; Gleason</b> <b>77 W Washington, Ste 1218</b> <b>Chicago, IL 60602</b>	<b>6/28/2008</b>	<b>351.00</b>

### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

### 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

### 15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

### 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

### 18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **November 10, 2008** Signature /s/ Marian R Indoranto  
of Debtor **Marian R Indoranto**

Date: **November 10, 2008** Signature /s/ Frank Indoranto  
of Joint Debtor **Frank Indoranto**  
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. \_\_\_\_\_

Indoranto, Marian R & Indoranto, Frank

Chapter 7

Debtor(s)

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 45,540.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 47,161.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	17		\$ 95,800.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 3,433.01
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 4,030.00
TOTAL		29	\$ 45,540.00	\$ 142,961.00	

IN RE:

Case No. \_\_\_\_\_

Indoranto, Marian R & Indoranto, Frank

Chapter 7

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 3,433.01
Average Expenses (from Schedule J, Line 18)	\$ 4,030.00
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ 4,300.25

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 14,835.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 95,800.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 110,635.00

IN RE:

Case No. \_\_\_\_\_

Indoranto, Marian R

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Marian R Indoranto

Date: November 10, 2008



IN RE:

Case No. \_\_\_\_\_

Indoranto, Frank

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Frank Indoranto

Date: November 10, 2008

IN RE:

Indoranto, Marian R & Indoranto, Frank

Case No. \_\_\_\_\_

Chapter **7**

Debtor(s)

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.  
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.  
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
1989 Timberwolf Trailer	American General Finan				✓
2008 Ford Taurus	Frd Motor Cr				✓
2003 GMC Sierra 2500HS	Hsbc / Aib				✓

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

11/10/2008

/s/ Marian R Indoranto

/s/ Frank Indoranto

Date

Marian R Indoranto

Debtor

Frank Indoranto

Joint Debtor (if applicable)

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE:

Case No. \_\_\_\_\_

Indoranto, Marian R & Indoranto, Frank

Chapter 7

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 104

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: November 10, 2008

/s/ Marian R Indoranto

Debtor

/s/ Frank Indoranto

Joint Debtor

Indoranto, Marian R  
1410 N 16th Ave  
Melrose Park, IL 60160-3326

At&T  
Po Box 8100  
Aurora, IL 60507

Chase- Bp  
PO Box 100018  
Kennesaw, GA 30156-9204

Indoranto, Frank  
PO Box 1093  
Melrose Park, IL 60161

Barclays Bank Delaware  
Juniper  
PO Box 8833  
Wilmington, DE 19899-8833

Chase/cc  
PO Box 15298  
Wilmington, DE 19850-5298

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Beneficial/hfc  
961 Weigel Ave  
Elmhurst, IL 60126-1058

Chex Systems  
7805 Hudson Rd, Ste 100  
Saint Paul, MN 55125-1595

Account Solutions Group  
6341 Inducon Dr East  
Sanborn, NY 14132-9097

Blatt Hasenmiller Lebsker Moore  
125 S Wacker Dr Ste 400  
Chicago, IL 60606-4424

Cingular Wireless  
2612 North Roan St  
Johnson City, TN 37601

Aganad Medical Group  
C/O Thomas E Jolas PC  
202 First St, NW  
Mason City, IA 50401

Blockbuster - 17208  
1517 W North Ave  
Melrose Park, IL 60160-2003

Clinical Cardiology Consultants  
675 W North Ave, Ste 216  
Melrose Park, IL 60160

Allied Interstate  
3000 Corporate Exchange Dr, 5th Flr  
Columbus, OH 43231

Capital One  
Po Box 85015  
Richmond, VA 23285

Com Ed  
Revenue Management  
2100 Swift Dr  
Oak Brook, IL 60523

American Collections  
PO Box 60201  
Chicago, IL 60660-0201

Carson Pirie Scott  
PO Box 17264  
Baltimore, MD 21297-1264

Comcast  
Attn: Bankruptcy  
1500 Market St  
Philadelphia, PA 19102-2100

American Dreamcard  
Po Box 17313  
Baltimore, MD 21297-1313

Cbcs  
PO Box 69  
Columbus, OH 43216

Computer Credit, Inc  
Po Box 5238  
Winston-Salem, NC 27113-5238

American General Finan  
321 E Saint Charles Rd  
Villa Park, IL 60181-2461

Cbcs  
PO Box 163250  
Columbus, OH 43216-3250

Consultants In Cardiovascular Medicine  
675 W North Ave, #210  
Melrose Park, IL 60160

Associates In Digestive Health  
1200 S York Rd, Ste 3250  
Elmhurst, IL 60126

Certified Services Inc  
PO Box 177  
Waukegan, IL 60079-0177

Cook County Hospital  
Annex Building  
1110 S Oakley  
Chicago, IL 60612

Credit Protection Assoc  
13355 Noel Rd  
Dallas, TX 75240

Frd Motor Cr  
PO Box 537901  
Livonia, MI 48153-7901

I C System Inc  
PO Box 64378  
Saint Paul, MN 55164-0378

Direct TV  
P.O. Box 6550  
Greenwood Village, CO 80155-6550

Gemb/home Shopping  
PO Box 981400  
El Paso, TX 79998-1400

Illinois Collection Se  
8231 185th St Ste 100  
Tinley Park, IL 60477-9220

Dsnb Macys  
6356 Corley Rd  
Norcross, GA 30071-1704

Gemb/sams Club  
PO Box 103104  
Roswell, GA 30076-9104

Illinois Department Of Human Services  
401 South Clinton Street  
Chicago, IL 60607

Er Solutions  
Po Box 6030  
Hauppauge, NY 11788-0154

Global Vantage  
Po Box 12237  
Hauppauge, NY 11788-0867

Janet Aganad, DO  
675 W North Ave, Ste 401  
Melrose Park, IL 60160

Evergreen Emergency Servcies  
Po Box 428080  
Evergreen Park, IL 60805

Gottlieb Memorial Hospital  
701 W North Ave  
Melrose Park, IL 60160

Janice Meekus  
1829 N 19th Ave,  
Melrose Park, IL 60160

Evergreen Park Fire Dept  
Po Box 438495  
Chicago, IL 60643

Hsbc / Aib  
6602 Convoy Ct  
San Diego, CA 92111-1009

JH Stroeger Hospital Of Cook County  
1900 W Polk St Ste G-16  
Chicago, IL 60612-3723

Fashion Bug  
Po Box 84073  
Colubus, GA 31908-4073

Hsbc Bank  
PO Box 5246  
Carol Stream, IL 60197-5246

Kca Financial Svcs  
PO Box 53  
Geneva, IL 60134-0053

Fashion Bug/soanb  
6356 Corley Rd  
Norcross, GA 30071-1704

Hsbc Bank  
PO Box 5253  
Carol Stream, IL 60197-5253

Kds Internal Medicine Associates  
675 W North Ave  
Melrose Park, IL 60160

Feingold & Levy  
10 S LaSalle St, Ste 900  
Chicago, IL 60603

Hsbc Bank  
Orchard Bank  
PO Box 5213  
Carol Stream, IL 60197-5213

Kiley Philip  
9651 W Irving Park Rd  
Schiller Park, IL 60176

Focus Receivables Management  
8306 Laurel Fair Circle, Ste 200  
Tampa, FL 33610

Hsbc/bsbuy  
1405 Foulk Rd  
Wilmington, DE 19803-2727

KSD International Medicine Associates  
675 W North Ave  
Melrose Park, IL 60160

Linebarger, Goggan, Blair, & Sampson LLP  
Attorneys At Law  
PO Box 06152  
Chicago, IL 60606-0152

Medical Collections Sy  
725 S Wells St Ste 700  
Chicago, IL 60607-4578

Nco Fin/99  
507 Prudential Rd  
Horsham, PA 19044-2308

Little Company Of Mary Hospital  
2800 W 95th St  
Evergreen Park, IL 60805

Meyer & Njus  
134 N LaSalle, Ste 1840  
Chicago, IL 60602

Nco Financial Systems  
Dept 22  
PO Box 4909  
Trenton, NJ 08650

Lou Harris Company  
613 Academy Dr  
Northbrook, IL 60062-2420

Midwest Clinical Imaging  
Po Box 1248  
Americus, GA 31709

Northern Ill Emerg & Occup Med Spec  
9410 Compubill Dr  
Orland Park, IL 60462

Lou Harris Company  
For Surgical Referral Service  
613 Academy Dr  
Northbrook, IL 60062-2420

Midwest Open Mri Sc Omr  
1225 W Lake St  
Melrose Park, IL 60160

Northland Group, Inc  
Po Box 390905  
Edina, MN 55439

Loyola University Medical Center  
2160 S 1st Ave  
Maywood, IL 60153

Midwest Open Mri/lasar Ctr  
1225 W Lake St  
Melrose Park, IL 60160

Phillips & Cohen  
Po Box 48458  
Oak Park, MI 48237

Loyola University Physician Foundation  
Two Westbrook Corporate Center, Ste 600  
Westchester, IL 60154

Midwest Urology Associates  
675 W North Ave, Ste 605  
Melrose Park, IL 60160

Quest Diagnostics  
Po Box 64804  
Baltimore, MD 21264-4804

Lvnv Funding Llc  
PO Box 10587  
Greenville, SC 29603-0587

Mimit, Pc  
Department 4419  
Carol Stream, IL 60122-0001

Radiology Imaging Specialists  
Po Box 70  
Hinsdale, IL 60522

M3 Financial Services  
For Vyridian Revenue Mgmt  
1127 S Mannheim Rd Ste 1  
Westchester, IL 60154-2570

Mrs Associates  
3 Executive Campus, Ste 400  
Cherry Hill, NJ 08002

Reed Smith  
10 S Wacker Dr  
Chicago, IL 60606-7507

Mannheim Veterinary Hospital  
2740 N Mannheim Rd  
Franklin Park, IL 60131

Nationwide Credit And Co  
9919 W Roosevelt Rd Ste 101  
Westchester, IL 60154-2771

Rjm Pathology Consultants  
34520 Eagle Way  
Chicago, IL 60678-1340

MCS Collections, Inc  
725 S Wells St, Ste 501  
Chicago, IL 60607

Nationwide Credit & Collection  
9919 W Roosevelt Rd  
Westchester, IL 60154-2774

Robert P Mistovich  
725 S Wells St, Ste 510  
Chicago, IL 60607

Rodney Schainis Md Llc  
675 W North Ave # 409  
Melrose Park, IL 60160

TSYS Debt Management  
PO Box 5155  
Norcross, GA 30091

Rush University Medical Center  
75 Remittance Dr, Dept 1611  
Chicago, IL 60675-1611

Us Cellular  
PO Box 0203  
Palatine, IL 60055-0203

Sam's Club/ GE  
Po Box 103104  
Roswell, GA 30076

Weltman, Weinberg & Reis  
10 S LaSale St, Ste 900  
Chicago, IL 60603

Schiller Park Medical Clinic  
9651 W Irving Park Rd  
Schiller Park, IL 60176

Westlake Emergency Physicians  
520 E 22nd St  
Lombard, IL 60148

Special Care Orthopaedics  
675 W North Ave, Ste 607  
Melrose Park, IL 60160

Westlake Hospital  
1225 W Lake St  
Melrose Park, IL 60160

Surgical Referral Service  
1515 Busch Parkway  
Buffalo Grove, IL 60089

Westlake Medical Associates  
Po Box 616  
Forest Park, IL 60130

Target Nb  
PO Box 673  
Minneapolis, MN 55440-0673

Wholesale Collector Associataion  
Po Box 48146  
Niles, IL 60714

TCF Bank  
800 Burr Ridge Pkwy  
Burr Ridge, IL 60527

Telecheck  
5251 Westheimer Rd  
Houston, TX 77056-5412

Tnb - Target  
PO Box 9475  
Minneapolis, MN 55440-9475

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Case No. \_\_\_\_\_

Indoranto, Marian R & Indoranto, Frank

Chapter 7

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **676.00**

Prior to the filing of this statement I have received ..... \$ **351.00**

Balance Due ..... \$ **325.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**November 10, 2008**

Date

**/s/ Nicolette Robovsky**

Signature of Attorney

**Gleason & Gleason**

Name of Law Firm

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

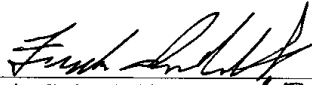
In Re: ) Case No.  
Marian R Indoranto )  
Frank Indoranto )  
 ) Chapter 7  
Debtor(s). ) Judge Frank Indoranto  
 )

**DECLARATION CONCERNING INCOME**

1. Joint Debtor, Frank Indoranto, has not worked since September 2007.
2. Thus, Joint Debtor does not have pay advises/ check stubs for the 60 days prior to the filing of the case or proof of income for the six months prior to filing.
3. Additional Comments:

Debtor's Signature

Date: \_\_\_\_\_

  
Joint Debtor's Signature (Frank Indoranto)  
Date: 10/12/08

VOID AFTER 180 days  
\*\*VOID\*\*  
AMOUNT

PAY TO THE ORDER OF: MARIAN INDOORANTO  
1410 N 15TH AVENUE  
MELROSE PARK IL 60160

JPMORGAN CHASE COLUMBUS, OH  
DEPOSIT ACCOUNT 6875764339  
DEPOSIT AMOUNT \*\*\*\*\*1046.77

\*\* Non Negotiable \*\*

AL THORIZED SIGNATURE(S)

TO VERIFY AUTHENTICITY OF THIS DOCUMENT THE BACK CONTAINS HEAT SENSITIVE INK THAT CHANGES FROM BLUE TO CLEAR AND ALSO CONTAINS AN ARTIFICIAL WATERMARK WHICH CAN BE VIEWED WHEN HELD AT AN ANGLE

FOLD AND REMOVE FOLD AND REMOVE

YOUR BANKING		
ITEM	AMOUNT	DEPOSIT TO ACCT #
NET	1046.77	6875764339

EARNINGS	HOURS	RATE	AMOUNT	YTD AMOUNT
REGULAR	79.10	19.040	1506.06	
OVERTIME	.60	28.560	17.13	

TOTAL EARNINGS 1523.19 16939.45

EMPLOYER INFORMATION  
EYE SPECIALISTS OF ILLINOIS SC  
PO BOX 577  
PARK RIDGE, IL 60068

FILING STATUS	TAX TYPE	AMOUNT	YTD AMOUNT
	SOC SEC	90.66	1008.70
	MEDICARE	21.20	235.91
H 00	FEDERAL	185.91	2026.64
H 00	IL	41.88	463.41

PAY PERIOD 05/11/08 TO 05/24/08  
CHECK DATE 05/29/08 CHECK # 4578702525

TOTAL WITHHOLDINGS 339.35 3734.66

PERSONAL INFORMATION  
MARIAN INDOORANTO  
1410 N 15TH AVENUE  
MELROSE PARK IL 60160  
SS# XXX-XX-1378 EMPL# 000023 DEPT# 000200

ADJUSTMENTS	AMOUNT	YTD AMOUNT
401K	76.16 -	821.96 -
S125MERCMP	34.75 -	382.25 -
PXPSAEMED	19.23 -	211.53 -
DENTAL	6.93 -	76.23 -
PTO *DAYS		11.00

TOTAL ADJUSTMENTS 137.07-

Payroll by Paychex, Inc.  
0052 TC23 0008 000200

NET PAY 1046.77 11712.80

EYE SPECIALISTS OF ILLINOIS SC  
PO BOX 577  
PARK RIDGE, IL 60068

Case 08-30521 Doc 1 Filed 11/10/08 Entered 11/10/08 08:29:08 Desc Main

Document Page 53 of 59

58-1544 05/19/2008 4578702500

DATE CHECK NO.

PAY TO THE  
ORDER OF

MARIAN INDORANTO  
1410 N 16TH AVENUE  
MELROSE PARK IL 60160

VOID AFTER 180 days

\*\*\*VOID\*\*

AMOUNT

\*\*\*VOID\*\*\*THIS IS NOT A CHECK\*\*\*VOID\*\*\*THIS IS NOT A CHECK\*\*

JPMORGAN CHASE  
COLUMBUS, OH

DEPOSIT ACCOUNT DEPOSIT AMOUNT  
6875764339 \*\*\*\*\*1036.67

**\*\* Non Negotiable \*\***

AUTHORIZED SIGNATURE(S)

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YOUR BANKING		
ITEM	AMOUNT	DEPOSIT TO ACCT #
NET	1038.67	6875764339

EARNINGS	HOURS	RATE	AMOUNT	YTD AMOUNT
REGULAR	79.30	19.040	1509.87	

TOTAL EARNINGS 1509.87 15416.26

EMPLOYER INFORMATION  
EYE SPECIALISTS OF ILLINOIS SC  
PO BOX 577  
PARK RIDGE, IL 60068

FILING STATUS	TAX TYPE	AMOUNT	YTD AMOUNT
	SOC SEC	89.84	918.04
H 00	MEDICARE	21.01	214.71
H 00	FEDERAL	182.75	1840.73
	IL	41.20	421.83

PAY PERIOD 04/27/08 TO 05/10/08  
CHECK DATE 05/15/08 CHECK # 4578702500

TOTAL WITHHOLDINGS 334.80 3395.31

PERSONAL INFORMATION  
MARIAN INDORANTO  
1410 N 16TH AVENUE  
MELROSE PARK IL 60160

ADJUSTMENTS	AMOUNT	YTD AMOUNT
401K	75.49 -	745.62 -
S12SMEECMP	34.75 -	347.50 -
PXFSAREMED	19.23 -	192.30 -
DENTAL	6.93 -	69.30 -
PTO +DAYS		11.00

TOTAL ADJUSTMENTS 136.40-

Payroll by Paychex, Inc.

0052 TC23 0008 000200

NET PAY

1038.67

10666.03

PAY TO THE  
ORDER OF

MARIAN INDRANTO  
1410 N 16TH AVENUE  
MELROSE PARK IL 60160

VOID AFTER 180 days

\*\*\*VOID\*\*\*

AMOUNT

\*\*\*VOID\*\*\*THIS IS NOT A CHECK\*\*\*VOID\*\*\*THIS IS NOT A CHECK\*\*\*

JPMORGAN CHASE  
COLUMBUS, OH

DEPOSIT ACCOUNT DEPOSIT AMOUNT  
6875764339 \*\*\*\*\*1083.77

\*\*\* Non Negotiable \*\*\*

AUTHORIZED SIGNATURE(S)

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FOLD AND REMOVE

YOUR BANKING		
ITEM	AMOUNT	DEPOSIT TO ACCT #
NET	1083.77	6875764339

EARNINGS	HOURS	RATE	AMOUNT	YTD AMOUNT
HOLIDAY	8.00	19.040	152.32	
VACATION	8.00	19.040	152.32	
REGULAR	65.10	19.040	1239.50	
OVERTIME	1.40	26.560	39.99	

TOTAL EARNINGS 1584.13 19523.58

EMPLOYER INFORMATION	
EYE SPECIALISTS OF ILLINOIS SC	
PO BOX 577	
PARK RIDGE, IL 60068	

FILING STATUS	TAX TYPE	AMOUNT	YTD AMOUNT
	SOC SEC	94.44	1103.14
	MEDICARE	22.09	258.00
H 00	FEDERAL	200.39	2227.03
H 00	IL	43.32	506.73

PAY PERIOD 05/25/08 TO 06/07/08  
CHECK DATE 06/12/08 CHECK # 4578702549

TOTAL WITHHOLDINGS 360.24 4094.90

PERSONAL INFORMATION	
MARIAN INDRANTO	
1410 N 16TH AVENUE	
MELROSE PARK IL 60160	
SS# XXX-XX-1378 EMPL# 000023 DEPT# 000200	

ADJUSTMENTS	AMOUNT	YTD AMOUNT
401K	79.21 -	901.19 -
S125MEECMP	34.75 -	417.00 -
PXFSAEEMED	19.23 -	230.76 -
DENTAL	6.93 -	83.16 -
PTO *DAYS	1.00	12.00

TOTAL ADJUSTMENTS 140.12-

Payrolls by Paychex, Inc.

0052 TC23 0008 000200

NET PAY

1083.77 12796.57

EYE SPECIALISTS OF ILLINOIS SC7C23-000200  
PO BOX 577  
PARK RIDGE, IL 60068

Document Page 55 of 59

58-1544 06/26/2008 4578702572  
441 DATE CHECK NO.PAY TO THE  
ORDER OFMARIAN INDOURANTO  
1410 N 16TH AVENUE  
MELROSE PARK IL 60160

VOID AFTER 180 days

\*\*\*VOID\*\*\*

AMOUNT

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JPMORGAN CHASE  
COLUMBUS, OHDEPOSIT ACCOUNT DEPOSIT AMOUNT  
6875764339 \*\*\*\*\*1043.30

\*\* Non Negotiable \*\*

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## YOUR BANKING

ITEM	AMOUNT	DEPOSIT TO ACCT #
NET	1043.30	6875764339

EARNINGS	HOURS	RATE	AMOUNT	YTD AMOUNT
REGULAR	71.70	19.040	1365.17	
PERSONAL TIME	8.00	19.040	152.32	

TOTAL EARNINGS	1517.49	20041.07
----------------	---------	----------

## EMPLOYER INFORMATION

EYE SPECIALISTS OF ILLINOIS SC  
PO BOX 577  
PARK RIDGE, IL 60068

FILING STATUS	TAX TYPE	AMOUNT	YTD AMOUNT
	SOC SEC	90.31	1193.45
	MEDICARE	21.12	279.12
H 00	FEDERAL	184.56	2411.59
H 00	IL	41.42	548.15

PAY PERIOD 06/08/08 TO 06/21/08  
CHECK DATE 06/26/08 CHECK # 4578702572

TOTAL WITHHOLDINGS	337.41	4432.31
--------------------	--------	---------

## PERSONAL INFORMATION

MARIAN INDOURANTO  
1410 N 16TH AVENUE  
MELROSE PARK IL 60160  
SS# XXX-XX-1378 EMPL# 000023 DEPT# 000200

ADJUSTMENTS	AMOUNT	YTD AMOUNT
401K	75.87 -	977.06 -
S125MEECMP	34.75 -	481.75 -
PKFSAEEMED	19.23 -	249.99 -
DENTAL	6.93 -	90.09 -
PTO +DAYS	1.00	13.00

TOTAL ADJUSTMENTS	136.78-
-------------------	---------

Payrolls by Paychex, Inc.

0052 TC23 0008 000200

NET PAY

1043.30 13839.87

EYE SPECIALISTS OF ILLINOIS SCTC23-000200  
PO BOX 577  
PARK RIDGE, IL 60068

Document

Page 56 of 59

4578702500

CHECK NO.

PAY TO THE  
ORDER OF

MARIAN INDORANTO  
1410 N 16TH AVENUE  
MELROSE PARK IL 60160

VOID AFTER 180 days

\*\*VOID\*\*

AMOUNT

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\*\* Non Negotiable \*

JPMORGAN CHASE  
COLUMBUS, OH

DEPOSIT ACCOUNT  
6875764339

DEPOSIT AMOUNT  
\*\*\*\*\*1038.67

AUTHORIZED SIGNATURE(S)

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EYE SPECIALISTS OF ILLINOIS SCTC23-000200  
PO BOX 577  
PARK RIDGE, IL 60068

58-1544  
441

05/29/2008  
DATE

4578702525  
CHECK NO.

PAY TO THE  
ORDER OF

MARIAN INDORANTO  
1410 N 16TH AVENUE  
MELROSE PARK IL 60160

VOID AFTER 180 days

\*\*VOID\*\*

AMOUNT

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\*\* Non Negotiable

JPMORGAN CHASE  
COLUMBUS, OH

DEPOSIT ACCOUNT  
6875764339

DEPOSIT AMOUNT  
\*\*\*\*\*1046.77

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EYE SPECIALISTS OF ILLINOIS SCTC23-000200  
PO BOX 577  
PARK RIDGE, IL 60068

58-1544  
441

06/12/2008  
DATE

4578702549  
CHECK NO.

PAY TO THE  
ORDER OF

MARIAN INDORANTO  
1410 N 16TH AVENUE  
MELROSE PARK IL 60160

VOID AFTER 180 days

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AMOUNT

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\*\* Non Negotiable \*

JPMORGAN CHASE  
COLUMBUS, OH

DEPOSIT ACCOUNT  
6875764339

DEPOSIT AMOUNT  
\*\*\*\*\*1083.77

AUTHORIZED SIGNATURE(S)



--- 11/10/08 employees records

W-2 Wage and Tax Statement 2007

0052-TC23 00023-000200		Void c Employer's name, address, and ZIP code EYE SPECIALISTS OF ILLINOIS SC 444 N NORTHWEST HWY SUITE 360 PARK RIDGE IL 60068		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
1a Identification number 0069169	1b Employer's social security number 356-48-1378	1c State of Illinois 1615.66	1d Other 1615.66	2 Federal income tax withheld 4604.31	3 Social security wages 34972.04
1e State wages, tips, etc. 34972.04			1f State income tax 1049.18	4 Social security tax withheld 2268.46	5 Medicare wages and tips 36587.70
1g Social security tips 36587.70			1h Local wages, tips, etc. 1049.18	6 Medicare tax withheld 530.54	7 Social security tips 36587.70
1i Advance EIC payment			19 Local income tax	8 Allocated tips	10 Dependent care benefits
1j Nonqualified plans			20 Locality name		

Information is being furnished to the Internal Revenue Service

W-2 Wage and Tax Statement 2007

0052-TC23 00023-000200		Void c Employer's name, address, and ZIP code EYE SPECIALISTS OF ILLINOIS SC 444 N NORTHWEST HWY SUITE 360 PARK RIDGE IL 60068		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008	
1a Identification number 0069169	1b Employer's social security number 356-48-1378	1c State of Illinois 1615.66	1d Other 1615.66	2 Federal income tax withheld 4604.31	3 Social security wages 34972.04
1e State wages, tips, etc. 34972.04			1f State income tax 1049.18	4 Social security tax withheld 2268.46	5 Medicare wages and tips 36587.70
1g Social security tips 36587.70			19 Local income tax	6 Medicare tax withheld 530.54	7 Social security tips 36587.70
1i Advance EIC payment			20 Locality name	8 Allocated tips	10 Dependent care benefits
1j Nonqualified plans					

Information is being furnished to the Internal Revenue Service

Certificate Number: 00437-ILN-CC-004478033

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on July 19, 2008, at 12:48 o'clock PM MDT,

Marian Indoranto received from

Black Hills Children's Ranch, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: July 19, 2008

By /s/Linda Randolph

Name Linda Randolph

Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: July 19, 2008

By /s/Linda Randolph

Name Linda Randolph

Title Credit Counselor

IN RE:

Case No. \_\_\_\_\_

Indoranto, Marian R & Indoranto, FrankChapter 7

Debtor(s)

**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

**To Be Used When Filing over the Internet**

## PART I - DECLARATION OF PETITIONER

Date: October 1, 2008

A. To be completed in all cases.

I (We) Marian R Indoranto and Frank Indoranto, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

- ☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: \_\_\_\_\_

(Debtor or Corporate Officer, Partner or Member)

Signature: \_\_\_\_\_

(Joint Debtor)